

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Bluepac - Blue Cross Blue Shield Association Pac

ADDRESS (number and street)

1310 G Street NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00194746

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathy Didawick

Signature of Treasurer

Kathy Didawick

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Bluepac - Blue Cross Blue Shield Association Pac

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
01		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">120656.64</td></tr></table>	120656.64				
Y	Y	Y	Y	Y													
2014																	
120656.64																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">120656.64</td></tr></table>	120656.64															
120656.64																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">60237.55</td></tr></table>	60237.55					<table><tr><td colspan="5">60237.55</td></tr></table>	60237.55									
60237.55																	
60237.55																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">180894.19</td></tr></table>	180894.19					<table><tr><td colspan="5">180894.19</td></tr></table>	180894.19									
180894.19																	
180894.19																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">10500.00</td></tr></table>	10500.00					<table><tr><td colspan="5">10500.00</td></tr></table>	10500.00									
10500.00																	
10500.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">170394.19</td></tr></table>	170394.19					<table><tr><td colspan="5">170394.19</td></tr></table>	170394.19									
170394.19																	
170394.19																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Bluepac - Blue Cross Blue Shield Association Pac

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 01 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1406.06

1406.06

(ii) Unitemized .....

12213.49

12213.49

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13619.55

13619.55

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

13619.55

13619.55

## 12. Transfers From Affiliated/Other

Party Committees.....

46618.00

46618.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

60237.55

60237.55

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

60237.55

60237.55

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	10500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13619.55	13619.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13619.55	13619.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. William A. Breskin**

Mailing Address 1703 Hunts End Ct

City State Zip Code  
 Vienna VA 22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 20140128152828-101**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. William James Colbourne**

Mailing Address 225 N Michigan Ave

City State Zip Code  
 Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP HR & Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 20140128152828-60**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Alissa T. Fox**

Mailing Address 6608 River Trail Ct  
 Court

City State Zip Code  
 Bethesda MD 20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 20140128152828-64**

Amount of Each Receipt this Period

98.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

258.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Richard Stanley Grondek**

Mailing Address 225 N Michigan Ave

City State Zip Code  
Chicago IL 60601-7757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 08 / 2014

**Transaction ID : A23EB6C86BC644E7A750**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Robert J. Kolodgy**

Mailing Address 225 N Michigan Ave

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 20140128152828-52**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Doug Porter**

Mailing Address 225 N Michigan Ave

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 20140128152828-18**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

475.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Jason Pray**

Mailing Address 3535 South Ball Stre  
#721

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.69

Date of Receipt

M M / D D / Y Y Y Y  
01 / 16 / 2014

**Transaction ID : 20140114165243-85**

Amount of Each Receipt this Period

144.23

Full Name (Last, First, Middle Initial)

**B. Jason Pray**

Mailing Address 3535 South Ball Stre  
#721

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.69

Date of Receipt

M M / D D / Y Y Y Y  
01 / 30 / 2014

**Transaction ID : 20140128152828-85**

Amount of Each Receipt this Period

144.23

Full Name (Last, First, Middle Initial)

**C. Scott P. Serota**

Mailing Address 225 N Michigan Ave

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
01 / 16 / 2014

**Transaction ID : 20140114165243-53**

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.76



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Scott P. Serota**

Mailing Address 225 N Michigan Ave

City State Zip Code  
 Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : 20140128152828-53**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y  
 / /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y  
 / /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.30

1406.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 14

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

## **A. Blue Cross and Blue Shield of Kansas, Inc. Employee Pac**

Mailing Address 1133 SW Topeka Blvd.

Cc:855 - B3

City

Topeka

State

KS

Zip Code

66629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 09 / 2014

**Transaction ID : 8AE844C7ECDA1B42DE8**

Amount of Each Receipt this Period

684.00

Transfer from Affiliated PAC

Full Name (Last, First, Middle Initial)

## **B. Blue Cross and Blue Shield of Kansas, Inc. Employee Pac**

Mailing Address 1133 SW Topeka Blvd.

Cc:855 - B3

City

Topeka

State

KS

Zip Code

66629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 2A9FBE70F6B9975145C**

Amount of Each Receipt this Period

684.00

Transfer from affiliated PAC

Full Name (Last, First, Middle Initial)

## **C. Blue Cross Blue Shield of Alabama Pac**

Mailing Address 2 North Jackson Street

Suite 202

City

Montgomery

State

AL

Zip Code

36104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 09 / 2014

**Transaction ID : DBBA396A135F3761BF0**

Amount of Each Receipt this Period

10000.00

Transfer from affiliated PAC

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11368.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

## **A. Blue Cross Voice**

Mailing Address 19 North Main Street

City State Zip Code  
Wilkes Barre PA 18711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 09 / 2014

**Transaction ID : D38D0D1CCB56E9FD513**

Amount of Each Receipt this Period

1750.00

Transfer from affiliated PAC

Full Name (Last, First, Middle Initial)

## **B. Florida Health Political Action Committee (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)**

Mailing Address PO Box 6936

4800 Deerwood Campus Parkwy, Dc3-4

City State Zip Code  
Jacksonville FL 32236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 13CF8E6D42E355CD01D**

Amount of Each Receipt this Period

20000.00

Transfer from affiliated PAC

Full Name (Last, First, Middle Initial)

## **C. Hawaii Medical Service Association Employee Political Action Committee**

Mailing Address 818 Keeaumoku Street

City State Zip Code  
Honolulu HI 96814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 09 / 2014

**Transaction ID : 268B347624AF595ECD3**

Amount of Each Receipt this Period

1000.00

Transfer from affiliated PAC

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

22750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

## **A. Highmark Health Pac of Highmark Inc.**

Mailing Address 1800 Center Street

City State Zip Code  
 Camp Hill PA 17089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 08 / 2014

Transaction ID : 462E295B406437280B3

Amount of Each Receipt this Period

1000.00

Transfer from affiliated Pac

Full Name (Last, First, Middle Initial)

## **B. Highmark Health Pac of Highmark Inc.**

Mailing Address 1800 Center Street

City State Zip Code  
 Camp Hill PA 17089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 0B2DD92C4866C68CCAE

Amount of Each Receipt this Period

1500.00

Transfer from Affiliated PAC

Full Name (Last, First, Middle Initial)

## **C. Premera Blue Cross Political Action Committee/Premera Pac**

Mailing Address 7001 220th Street SW  
 MS 355

City State Zip Code  
 Mountlake Terrace WA 98043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46618.00

Date of Receipt

01 / 30 / 2014

Transaction ID : AF14099168B1152B067

Amount of Each Receipt this Period

10000.00

Transfer from affiliated PAC

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

46618.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Blue Hen PAC**

Mailing Address PO Box 15293

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Blue Hen PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : 1ADC1B8FB94D38FDB1A**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Claitor for Congress**

Mailing Address 7520 Perkins Road Suite 170

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Daniel A. Claitor**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2014

**Transaction ID : 7F7950E36FDA5557FAF**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. First State PAC**

Mailing Address PO Box 3006

City  
WilmingtonState  
DEZip Code  
19804Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**First State PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : 72DDCDD80BD3C577723**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

**A. Republican Majority Fund**

Mailing Address PO Box 144

City	State	Zip Code
Alexandria	VA	22313

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

Republican Majority Fund

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2014

Transaction ID : AAAF9AFE3CB4256E9A2

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Skipac**

Mailing Address PO Box 83142

City	State	Zip Code
Gaithersburg	MD	20883-3142

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

Skipac

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2014

Transaction ID : 3A222672A5CE4159CEB

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

10500.00